POSITION	INIT:ALS	ID NO.	DATE	
FEE DETERMINATION	MIN		14-11-0	
O.I.P.E. CLASSIFIER		19	5/11	
FORMALITY REVIEW	5 · A	(022	06/07/01	
RESPONSE FORMALITY REVIEW	5(-	1077	9/12/01	
		1011	1112101	

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

Claim 3	Date	Claim	Date	Claim	Date
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38	<del>                                      </del>	88	<del>               </del>	138	<del>                                     </del>
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49	+++++	99	<del>- - - - - -</del>	149	<del>                                     </del>
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Best Available Copy

If more than 150 claims or 10 actions staple additional sheet here

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